V-PATTERN ESOTROPIA WITH INFERIOR OBLIQUE OVERACTION : WHAT TO DO?

Yulinda A Laksmita, Anna P Bani, Gusti G Suardana
Department of Ophthalmology, Faculty of Medicine Universitas Indonesia
Kirana Cipto Mangunkusumo Hospital, Jakarta, Indonesia

Purpose
To demonstrate proper management of V pattern esotropia with the presence of inferior oblique overaction (IOOA) by performing inferior oblique weakening and bimedial recession.

Case Illustration
An 8-year-old girl came with squint eyes since 3 years before. Forty PD esotropia in upgaze, 75 PD in primary gaze and 90 PD in downgaze with IOOA on both eyes was confirming diagnosis of V pattern esotropia with IOOA. A two-step surgery of inferior oblique (IO) anteriorization and bimedial recession was performed. Two months after the surgery, IOOA on left eye (LE) was eliminated. Patient was planned to undergo IO anteriorization of right eye (RE) later on.

Discussion
In situation where IO is proven to overact, graded IO weakening is a recommended surgical approach. In this case, IO weakening of LE was prioritized due to severe grade of IO overaction continued with bimedial recession. Apparently there was still residual esotropia and hypertropia, so IO weakening of RE was planned. IO anteriorization was chosen instead of myectomy, because it is more tailored and easier to be readjusted if needed. However, there was risk of antielevation syndrome as complication of IO anteriorization.

Conclusion
Inferior oblique weakening by anteriorization of the left eye was a recommended surgical procedure to overcome IOOA. Satisfying results without complication was achieved with these surgical combination.

Keywords: V pattern esotropia, inferior oblique overaction, inferior oblique anteriorization, bimedial recession

References